PERMITTEE NAME / ADDRESS			NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)										
NAME			_	DISCHARGE MONITORING REPORT(DMR)									
TECHALLOY COMPANY INC				IL0070408		001 0	Minor						
ADDRESS				PERMIT NUMBER		DISCHARGE NUMBER	02						
6509 OLSON ROAD													
UNION	IL	60180		MONITO	RING I	PERIOD							
FACILITY				MO - DAY - YEAR		MO - DAY - YEAR							
TECHALLOY COMPANY INC			FROM	10 - 01 - 2013	то	10 - 31 - 2013							
LOCATION			Discharge Description	ו	, ,	Discharge Type	*** No Discharge	***					
6509 OLSON ROAD			TREATED GROUNDW	'ATER		EXO							
LINION	П	60180											

PARAMETER			QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	Frequency of Analysis	SAMPLE TYPE
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	1		
pH 00400 1 0		SAMPLE MEASUREMENT	*****	*****		= 7.81	*****	= 7.81		0	01/30	GR
Effluent Gross		PERMIT REQUIREMENT	****	*****	*****	>= 6 MO MIN	*****	<= 9 MO MAX	(12) SU		01/30 - Once Per Month	GR - GRAB
NO DATA CODE	DESCRIPTION:								•			
COMMENTS:												
1,1,1-Trichloroe	ethane 34506 1 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	= .0002		0	01/30	GR
Effluent Gross		PERMIT REQUIREMENT	*****	****	****	*****	*****	<= 0.02 DAILY MX	(19) mg/L		01/30 - Once Per Month	GR - GRAB
NO DATA CODE	DESCRIPTION:									-		
COMMENTS:		······										
Flow, in conduit or thru treatment plant 50050 1 0		SAMPLE MEASUREMENT	= .635	= .641		*****	*****	*****		0	01/30	MS
Effluent Gross		PERMIT REQUIREMENT	MO AVG	DAILY MX	(03) Mgal/d	*****	*****	*****	*****		01/30 - Once Per Month	MS - MEASR D
NO DATA CODE	DESCRIPTION:											
COMMENTS:		J										
Trichloroethane 50764 1 0		SAMPLE MEASUREMENT	*****	*****		*****	*****	= .0011		0	01/30	GR
Effluent Gross		PERMIT REQUIREMENT	*****	****	*****	*****	****	<= 0.02 DAILY MX	(19) mg/L		01/30 - Once Per Month	GR - GRAB

Page 2 of 2

NO DATA CODE		DESCRIPTION:											
COMMENTS:		!	<u> </u>										
Tetrachloroetha	ane,	total 81549 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	= .00056		0	01/30	GR
Effluent Gross			PERMIT REQUIREMENT	*****	*****	*****	*****	*****	<= 0.02 DAILY MX	(19) mg/L	100000000000000000000000000000000000000	01/30 - Once Per Month	GR - GRAB
NO DATA CODE		DESCRIPTION:								L		•	1
COMMENTS:													

CONSIDERATION FOR FORM COMPLETION

FORM COMMENTS

Results for October are under reporting limits.

PRINCIPAL EXECUTIVE OFFICER

Gerry Ruopp, Plant Manager (815) 923-2131

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under those statues may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

 Submitted By
 Date

 70119834 + CN=ROBERT L
 11 - 05 - 2013

 JOHNSON